

CLAIMS ONLY

Application Number 16 711624	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
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47							97			
48							98			
49							99			
50							100			
Total Indep	/						Total Indep			
Total Depend	/						Total Depend			
Total Claims	/						Total Claims			